2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N07000006091

Entity Name: CAMPION COLLEGE ALUMNI ASSOCIATION - FLORIDA CHAPTER INC.

Current Principal Place of Business:

284 S UNIVERSITY DRIVE
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

284 S UNIVERSITY DRIVE
PLANTATION, FL 33324 US

New Mailing Address:

FEI Number: 75-3244688 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCLENNON, SHARON A
2521 S UNIVERSITY DRIVE
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: BRICE, TONI
Address: 284 S UNIVERSITY DRIVE
City-St-Zip: PLANTATION, FL 33324 US

Title: VP ( ) Delete
Name: MCLENNON, SHARON
Address: 284 S UNIVERSITY DRIVE
City-St-Zip: PLANTATION, FL 33324 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: MCLENNON, SHARON
Address: 284 S UNIVERSITY DRIVE
City-St-Zip: PLANTATION, FL 33324 US

Title: VP (X) Change ( ) Addition
Name: SYBBLIS, MARTIN
Address: 284 S UNIVERSITY DRIVE
City-St-Zip: PLANTATION, FL 33324 US

Title: TRS ( ) Change (X) Addition
Name: BRICE, ANTONIA
Address: 284 S UNIVERSITY DRIVE
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON MCLENNON PRES 04/30/2009

Electronic Signature of Signing Officer or Director — Date